

Form
LM-30
Rev. 2010

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 13516

2. Fiscal Year Covered From:

1/1/04 Through 12/31/04

3. Name and address of person filing.

Name Ron Banka

P.O. Box, Bldg., Room No., if any

Street N 705 McCabe

City Spokane Valley

State WA

ZIP Code +4 99216

4. Name, file number, and address of labor organization.

Name UFCW 1439 034163

Labor Organization File Number 44-0487097

P.O. Box, Building and Room Number, if any

Street N 1719 ATLANTIC
P.O. Box 5298

City Spokane

State WA

ZIP Code +4 99205

5. Position in labor organization.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code +4

7.a. Nature of Interest, Transaction, or Income

7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Ron Banka

On 9-9-05

Date

509-326-6090

Telephone Number

Name of Person Filing		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).		9. Business deals with:
Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any Street: City: State: ZIP Code + 4		a. Labor Organization: <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing. reimbursement for Educational conference reimbursement for Attendance at Board meeting to include Hotel mileage dinner (Attached)
Name: UFCW Welfare Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street: City: Spokane State: WA ZIP Code + 4: 99205 - 0433		11.b. Approximate dollar value of such dealing. 3383.19
		12.a. Nature of interest held or income received.
		12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any Street: City: State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant? ?		14.b. Amount of payment.